Charting and Billing for Telehealth Encounters

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Version 20.16

About

Much of the setup for charting and billing Telehealth Encounters has already been implemented as enhancements to OP:

- The required Places of Service (for most payers), 02 Telehealth Pat Other and 10 Telehealth Pat Home, have been added to the Place of Service code table.
- The required Modifiers for Telehealth visits, 95 and GQ have been added to the CPT Modifiers table. The deprecated modifier, GT, if required, remains in OP and should be used when required by a specific payer.
- CPT code 87635 and HCPCS Codes U0001 and U0002 have been added to the CPT Code table (effective March 13, 2020).
- ICD-10 U07.1 has been added to the Diagnosis Code table (effective April 1, 2020).

Required by Practice: Payer Setup for Telehealth Encounters

Each state and each payer have different requirements for billing Telehealth Encounters. Because of potentially unique requirements, the Insurance Payer Details must be reviewed to ensure accurate Place and Service (POS) and Modifiers are being transmitted on Telehealth claims.

1. Navigate to the Insurance Payer List: **Billing tab > Payers.**
2. Select a payer, and click the **Edit** button. The Insurance Payer Details window is displayed.
3. In the Basic Information tab, locate the **Modifier for telehealth services** drop-down menu.
4. Confirm the selection of **95**, or if needed, select the modifier required by the specific payer for Telehealth visits.
5. *(Optional)* If the payer requires a POS on Telehealth claims other than 02, use the **Override POS for telehealth** drop-down menu to select the appropriate Place of Service.

Provider Steps: Chart the Telehealth Encounter

It is recommended to schedule an appointment for the patient on the Practice's schedule. This ensures that typical charting and billing workflows are followed for Telehealth Encounters.

> **!** **Warning**: If your Practice is recognized as PCMH or working toward recognition for PCMH, be sure to use the **Originating** and **Distant** Appointment Types so that the Telehealth visits are accurately calculated for AC06. This may be set as the default for the visit templates so that it does not have to be manually selected during scheduling.

The workflow below assumes the Encounter has already been opened and the appropriate template has been applied.

1. Click **Visit Info** in the Encounter Navigation Panel.
2. In the Telehealth section of the window, complete the **Provider location** and **Patient location** fields. The Place of Service is automatically updated to reflect either **Telehealth Pat Home** or **Telehealth Pat Other** based on your selections.

> **!** **Warning**: It is very important to leave the Place of Service as Telehealth even if your payer requires a different Place of Service on the claim. The Place of Service should be a record of the care that took place, and a Place of Service Telehealth on the encounter alerts OP to apply the Telehealth preferences that are set for your payers. **If you edit the Place of Service on the Encounter, OP will not understand you are billing a Telehealth visit and cannot apply the payer rules for the claim.**

3. Complete the charting of the visit as you normally would.
4. Code and finalize the note.

> **Notes**:
> - When coding the note, the payer-specified modifier is not displayed. It is not until the superbill is converted to a claim that the payer rules apply.
> - The POS is also applied when the superbill is converted. If a user wants to see this during the coding of the visit, they can include the POS column in the grid.

Biller Steps: Post the Telehealth Encounter Charges

To ensure consistency across workflows, it is recommended to bill Telehealth encounters from Tracking as you would typically bill other visits. The workflow below assumes the user has already initiated charge posting and is viewing the Add/Edit Charges window.

1. Confirm the following:

   - POS is either Telehealth or the POS that has been specified in the Payer Setup as the override POS.
   - Modifier 95 or the modifier that has been specified in the Payer Setup as the modifier for Telehealth services.

2. Save the claim as you normally would.